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CONFIRMATION NO. 3238

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/714,622 | FILING DATE<br>11/18/2003<br><br>RULE | CLASS<br>280 | GROUP ART UNIT<br>3618 | ATTORNEY<br>DOCKET NO.<br>MR1035-1332 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

Chin-Lu Hsu, Taipei City, TAIWAN;

\*\* CONTINUING DATA \*\*\*\*\*  
None - CB

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
None - CB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/11/2004

|   |   |                               |                        |                       |                            |
|---|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>4 |
|---|---|-------------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature *Chin-Lu Hsu* Initials

ADDRESS  
 04586  
 ROSENBERG, KLEIN & LEE  
 3458 ELLICOTT CENTER DRIVE-SUITE 101  
 ELLICOTT CITY, MD  
 21043

TITLE  
 Wheelchair with self-raising seat

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>428 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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